

EXHIBIT D

ASSOCIATE COUNSELING REPORT

ASSOCIATE NAME: Joseph Pasquarello	JOB TITLE: Assistant Director of Fire Safety	DATE: July 19, 2021
OPERATION NO. 48007	OPERATION NAME: Mount Sinai Hospital	LOCATION: New York, NY

PURPOSE OF CONFERENCE/WORK RULE VIOLATED:

C.4 Neglect of job duties and responsibilities where gross neglect is not involved

DETAILED ACCOUNT OF INCIDENT RESULTING IN CONFERENCE:

#1 Failure to uphold the requirements of improvement plan. The first item in the plan states, "Timely completion and closing of all preventative maintenance tasks completed by a vendor or in house Fire Safety staff. *Measurement:* PM's are to be completed and closed in TeamOps by the 25th day of the month." As of 6/28/21, WO#503212 remains issued and opened after the 25th of June.

#2 Failure to uphold the requirements of improvement plan. The last item in the plan states, "Ensure all urgent impact ILSM are completed properly and closed out in TeamOps within 24 hours." Attached are two emails, one received on 6/23 at 8:01am and the other received on 6/24 at 8:01am. Joe Pasquarello received both emails. Both are identical in terms of open work orders which indicates these were not closed out on Wednesday as required. Upon further investigation, it was found that all five were closed out Thursday morning (6/24) by Ron Kanterman who reports to Joe. Additional occurrences on 7/12, 7/13, 7/14, 7/15, 7/16 all attached.

ASSOCIATE'S RESPONSE TO THIS DISCUSSION: *(If the Associate disagrees with any of the information contained in this Associate Counseling Report, the Associate may submit a written statement explaining his/her position):*

ACTION TAKEN:

(Check "X")

First Progressive Counseling	Second Progressive Counseling	Final Progressive Counseling	Discharge
	X		

REFERENCE TO PREVIOUS CONFERENCES OR RELATED INCIDENTS:

N/A

This will confirm that the foregoing report has been discussed with the Associate involved and that he/she has been advised that satisfactory improvement must be shown and maintained or further action will be taken.

COPIES TO:

(Original) ☒ Associate File
(Copy) ☒ Associate

SIGNATURE OF MANAGER:

DATE:

[Signature] 7/19/21

Witness: Mario Persaud
Associate refused to sign.

SIGNATURE OF ASSOCIATE:

DATE:

Associate did not sign. MR 7/19/21

Please promptly alert your Manager if you believe that the reason you were given this Progressive Counseling may be corrected by a reasonable accommodation for a disability. If you were counseled for violating the Attendance Policy, let your Manager know if your absence or lateness may be excused under any federal, state, or local law.